The operation of the notification S.O. No. 1519 (E) dated the 23rd August, 2007 has, however, been kept in abeyance as at present there is no testing facility for testing of GM processed foods with the Food Safety and Standards Authority of India and till such time a regulatory framework is established by it for testing and approval of GM foods in the country, the Ministry of Environment and Forests may continue with their regulatory measures in respect of such food items. The Food Safety and Standards Authority of India created during the year 2008 itself has been allocated a fund of Rs.8 crores to be released through Grants-in-aid.

(e) Does not arise.

Health Insurance Scheme

†2096. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has planned to cover mostly poor families in the Health Insurance Scheme;

(b) if so, the details thereof; and

(c) the total amount allocated to implement the scheme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Ministry of Health and Family Welfare under the National Rural Health Mission (NRHM) has prepared a framework for introducing health insurance scheme for the BPL population. The States have been requested to prepare need based, community oriented, innovative and flexible insurance policies for implementation on pilot basis. Only Government of Andhra Pradesh and Rajasthan have started the pilot projects.

Under NRHM, Ministry of Health and Family Welfare subsidizes the cost of the annual premium up to 75%, subject to a maximum of Rs.300/- per BPL Family.

The pilot project in the State of Andhra Pradesh was started in the year 2007-08 and an amount of Rs.10 crores each was agreed to as share of the Union Government during the year 2007-08 and 2008-09 as the scheme was deviating from the framework provided to the State Government and number of BPL families covered was not according to Planning Commission guidelines.

The pilot project of Government of Rajasthan for 5 districts was agreed with an amount of Rs.23.64 crores as share of the Union Government during the years 2007-08. During 2008-09, the State has made provisions for risk pooling in their Programme implementation Plan to the tune of Rs.39.29 Crores for 11 districts (5 old and 6 new) under National Rural Health Mission for Health Insurance Scheme for BPL population and the same has been approved.

Deaths due to Tuberculosis

†2097. SHRI RAM JETHMALANI:

SHRI RAJ MOHINDER SINGH MAJITHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

† Original notice of the question was received in Hindi.

(a) whether it is a fact that on an average, tuberculosis has claimed three lives every two minutes in the country during the last decade;

(b) if not, the details thereof;

(c) whether it is also a fact that incidence of this disease is four times higher among the persons whose standard of living is lower than of those whose standard living is high;

(d) if so, the details thereof and whether it is a fact that after every fifth patients of T.B. in the world, one is Indian;

(e) if so, the details thereof; and

(f) the reasons for spread of this disease on such a scale in India?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes Sir, however, the death from tuberculosis is showing a steady decline and has been reduced from an estimated 42 per lac population in the year 1990 to 28 per lac population in the year 2006 as per WHO Global TB Report.

(c) The incidence of tuberculosis disease is estimated from ARTI (Annual Risk of Tuberculosis Infection). ARTI is calculated on the basis of a Nationwide survey, the last of which was done in the year 2000-2003. As per latest ARTI survey, the incidence of tuberculosis is estimated to be 168 per lac population per year. This survey did not estimate the incidence of TB as per standard of living. However, there are few studies conducted in India on a limited scale which have shown that prevalence of tuberculosis is about 3-4 times higher in the lower economic strata.

(d) to (f) Yes Sir. India accounts for 1/5th of global burden of tuberculosis. However, as far as incidence of TB is concerned, as per latest WHO Global Report-2008, India ranks at 17th position amongst 22 high burden countries.

TB is transmitted through air from an infected person by coughing, or sneezing. All those persons who are infected with TB bacilli do not develop TB disease. There is a 10% life time risk that an infected person will develop active TB disease and this risk is more in malnourished persons and those living in crowded and poorly ventilated houses.

Mechanism for purchase of drugs

2098.SHRI DARA SINGH:
SHRI RAM DAS AGARWAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that at present there is no uniform system for purchase of drugs both at the Central and State levels for supply to Government hospitals/CGHS dispensaries; and

(b) if so, what steps Government proposes to take to ensure that quality drugs are purchased and they have active ingredients at the maximum level throughout the shelf life period of the drug as